



## VA BUTLER HEALTHCARE 2015 SUMMER YOUTH PROGRAM

For youth, volunteering is a life learning opportunity that instills a sense of civic responsibility that hopefully will remain as youth grow into adulthood. At VA Butler, youth volunteers enjoy a unique life learning experience of helping America's heroes – Veterans – by engaging them in fun, therapeutic activities and conversations about their life and military experiences. The intergenerational interaction between the youth and the Veteran generates understanding, respect, and appreciation – and for the Veteran, memories and feelings of their youth.

By volunteering at VA Butler Healthcare you are

- Serving the needs of those who served and are serving our great nation
- Building strong and lasting relationships, making new friends
- Doing purposeful work that creates a sense of value
- Experiencing living history through one-to-one interaction with Veterans
- Improving your health by being physically and mentally active

Adult and youth volunteers at VA Butler Healthcare enjoy many benefits, none greater than the opportunity to give back to the Veteran and care for them when they need us the most.

VA Butler's Summer Youth Program is also designed to provide youth the opportunity to develop and enhance necessary life and work skills such as commitment, responsibility, teamwork and leadership. Volunteering is a worthwhile endeavor and looks good on a job resume and/or college application.

## 2015 SUMMER YOUTH PROGRAM REQUIREMENTS

The Summer Youth Program will run from June 15 through September 12, 2015. Youth will be completing the assignment **"Supportive Services"** which entails the following activities:

8am – 9:30am	Escort patients from buses to ADHC
9:30am -12pm	Assist with Open Recreation activities in CLC and lunch-time needs
12 – 12:30	Lunch
12:30pm – 2pm	Assist with ADHC activities & escort to buses, clean-up ADHC
2pm – 4pm	Support Services Office, room 202-C

\*ADHC – Adult Day Healthcare

\*CLC – Community Living Center

The assignment can be completed in whole, 8-4, or in half days of 8-12 or 12-4.

Only 20 youth will be accepted into the program with no more than 4 youth on any given day (with the exception of days for special events). Requirements to participate are as follows:

- Youth must be 14 to 17 years of age.
- Must have parental consent.
- Agrees to provide 50 hours of service and to volunteer at least once a week. (**Note: Family vacations and other obligations must be reviewed prior to the orientation session.**)
- Complete the **2015 Summer Youth Volunteer Program Packet** - packets can be mailed, emailed or downloaded from VA Butler's website at [www.butler.va.gov](http://www.butler.va.gov), in the "volunteer or donate" section.
- Attend the orientation session.
  - Youth must present/have a photo ID on the day of orientation. If no photo ID is available, parents will need to present themselves to the Voluntary Services Coordinator with proof of ID along with their child's birth certificate.

## ORIENTATION AND SCHEDULING SESSION

The Summer Youth Program orientation and scheduling session will be held on Saturday, April 25, 2015, from 9am—12pm. All youth will report to the Main Lobby of Building 1. **There will be no other trainings offered for the Summer Youth Program.**

On the day of orientation, youth should come prepared to confirm their days of service for the Summer Youth Program. Dates for the Summer Youth Program are June 15 – September 12.

**Deadline to submit completed packets and register for orientation is Monday, April 20, 2015.**

For more information, persons are to contact Paula McCarl, Voluntary Services Coordinator, at 724-285-2575 or e-mail at [Paula.McCarl@va.gov](mailto:Paula.McCarl@va.gov) or Adam Bouse, Voluntary Services Assistant, at 724-477-5044 or e-mail at [Adam.Bouse@va.gov](mailto:Adam.Bouse@va.gov).



# 2015 Summer Youth Volunteer Program

## COVER SHEET

(PLEASE PRINT LEGIBLY)

Date Submitted: \_\_\_\_\_ Shirt Size (adult sizes): \_\_\_\_\_

Name: \_\_\_\_\_

School: \_\_\_\_\_

School Principal: \_\_\_\_\_

School Address: \_\_\_\_\_

### Application Packet Checklist:

\_\_\_\_\_ Cover Sheet – completed and signed  
\_\_\_\_\_ Volunteer Application with Attachment A  
\_\_\_\_\_ Completed Scheduling Calendar  
\_\_\_\_\_ Consent for photo release

**Orientation and Scheduling Session: April 25, 2015 9am – 12pm, report to Main Lobby of Building 1.**

### Youth Consent:

By my signature below, I consent to participating in VA Butler Healthcare's Summer Youth Program and I agree to provide at least 50 hours of service during the specified timeframe for the program. I understand that there will be only **one** training for the Summer Youth Program. Should I fail to make that training, I will not be eligible to participate in the Summer Youth Program.

\_\_\_\_\_  
Signature of Youth

\_\_\_\_\_  
Date

**Please submit your completed application packet by May 30, 2014,** to: Paula McCarl, Voluntary Services Coordinator, VA Butler Healthcare, 325 New Castle Road, Butler, PA 16001 or in person, building 1, room 207-C. For more information, contact Paula McCarl at: 724-285-2575 or email: [Paula.McCarl@va.gov](mailto:Paula.McCarl@va.gov) or Adam Bouse at: 724-477-5044 or email: [Adam.Bouse@va.gov](mailto:Adam.Bouse@va.gov).

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

## 2015 SUMMER YOUTH PROGRAM SCHEDULING CALENDAR

### JUNE 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
←	1	2	3	4	5	6 →
7 ←	8	9	10	11	12	13 →
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

### JULY 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3 July 4 <sup>th</sup> Holiday – Closed	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18 Rodfathers Car Cruise
19	20	21	22	23	24	25
26	27	28	29	30	31	

\*July 18<sup>th</sup>, volunteers needed to escort patients to the on-campus car cruise.

# AUGUST 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

# SEPTEMBER 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7 Labor Day - Closed	8	9	10	11	12
13 ←	14	15	16	17	18	19 →
20 ←	21	22	23	24	25	26 →
27 ←	28	29	30			→

<b>Department of Veterans Affairs</b>		<b>APPLICATION FOR VOLUNTARY SERVICE</b>	
<p><b>The Paperwork Reduction Act of 1995</b> requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The form is used to assist personnel of both voluntary organizations, which recruit volunteers from their membership, and the VA in the selection, screening and placement of volunteers in the nationwide VA Voluntary Service program. The volunteer program supplements the medical care and treatment of veteran patients in all VA facilities.</p> <p><b>PRIVACY ACT INFORMATION:</b> The information requested on this form is solicited under the authority of 38 U.S.C. 513 and will be used in the selection and placement of potential volunteers in the VA Voluntary Service Program. The information you supply may be disclosed outside VA as permitted by law; possible disclosures include those described in the 'routine uses' identified in the VA system of records 57VA125 Voluntary Service Records-VA, published in the Federal Register in accordance with the Privacy Act of 1974. The routine uses include disclosures: in response to court subpoenas, to report apparent law violations to other Federal, State or local agencies charged with law enforcement responsibilities, to service organizations, employers and Unemployment Compensation Offices to confirm volunteer service, and to congressional offices at the request of the volunteer. Disclosure of the information is voluntary, however, failure to furnish the information will hamper our ability to arrange the most satisfactory assignment for you and the Department of Veterans Affairs.</p>			
NAME (Last, First, Middle Initial)		ADDRESS (Street, City, State and Zip Code)	DATE
<div style="border: 1px solid black; height: 25px;"></div>		<div style="border: 1px solid black; height: 60px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
Telephone Number	Email Address (Optional)		Date of Birth
<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>		<div style="border: 1px solid black; height: 25px;"></div>
ORGANIZATION MEMBERSHIP(S) Unit, Post, Chapter, if affiliated		SEX <input type="checkbox"/> M <input type="checkbox"/> F	
<div style="border: 1px solid black; height: 25px;"></div>		ASSIGNMENT PREFERENCES	
		1. <div style="border: 1px solid black; width: 100px; height: 25px;"></div>	2. <div style="border: 1px solid black; width: 100px; height: 25px;"></div>
		3. <div style="border: 1px solid black; width: 100px; height: 25px;"></div>	
EXPERIENCE AND TRAINING (special skills/abilities)			
<div style="border: 1px solid black; height: 40px;"></div>			
RESTRICTIONS, LIMITATIONS OF SERVICE (Health concerns, medications, allergies, etc.)		AVAILABILITY (Days and times)	
<div style="border: 1px solid black; height: 60px;"></div>		<div style="border: 1px solid black; height: 60px;"></div>	
IN CASE OF EMERGENCY PLEASE CONTACT (name, relationship, phone number)			
<div style="border: 1px solid black; height: 25px;"></div>			
<p>Monetary Waiver: I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis" for an indefinite period. I understand that this waiver applies only to remuneration (compensation) for specific services rendered in the VA Voluntary Service (VAVS) Program and is not related to any other VA services or benefits to which I may be entitled. (<b>NOTE:</b> VA has entered into this agreement by the authority of 38 U.S.C., Section 513. This agreement may be canceled by either party upon written notice.) I hereby accept the volunteer appointment(s) as outlined above.</p>			
<div style="border: 1px solid black; width: 250px; height: 25px; margin: 0 auto;"></div> Volunteer's Signature		<div style="border: 1px solid black; width: 150px; height: 25px; margin: 0 auto;"></div> Date	
<p>I hereby appoint this applicant as a VA without-compensation employee subject to the provisions on this application. The above individual has been provided basic and assignment specific orientations which have been documented in the official volunteer folder located in the VA Voluntary Service Office.</p>			
<div style="border: 1px solid black; width: 250px; height: 25px; margin: 0 auto;"></div> VAVS Program Manager - Appointing Official Signature		<div style="border: 1px solid black; width: 100px; height: 25px; margin: 0 auto;"></div> Date	
<b>OFFICE USE ONLY</b>			
1. SUPERVISOR	<div style="border: 1px solid black; width: 250px; height: 25px;"></div>	2. SUPERVISOR PHONE NUMBER	<div style="border: 1px solid black; width: 150px; height: 25px;"></div>
3. ORIENTATIONS	<div style="border: 1px solid black; width: 250px; height: 25px;"></div>	4. UNIFORM	<div style="border: 1px solid black; width: 150px; height: 25px;"></div>
COMMENTS	NAME AND TITLE OF REVIEWER		DATE
<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>		<div style="border: 1px solid black; height: 40px;"></div>

**NOTE TO STUDENTS AND PARENTS:** The VA medical center is a federal building, and, as such, must be open to the public. Our employees, patients and volunteers come from diverse backgrounds. Eligible veterans are entitled to services offered by VA, even if they have had problematic incidents in their past - unless the law specifically disqualifies them. Our job is to provide veterans care and to protect our employees, patients and volunteers as that care is provided.

**STUDENT VOLUNTEER:** If accepted, I agree to adhere to the policies and procedures of this VA healthcare facility and to respect the confidentiality of information pertaining to the patients and their treatment. If a patient, staff member, volunteer, and/or visitor is abusive, makes inappropriate gestures, advances or conversation, that is in a manner which makes me feel uncomfortable, I will immediately inform my supervisor or a VAVS staff member.

Signature\_\_\_\_\_

Date \_\_\_\_\_

**PARENT/GUARDIAN:** The above named student has my consent as parent/guardian to serve as a Student Volunteer in this VA healthcare system. I have read the above agreement as signed by my student and understand their obligation to the program if they are accepted into the VAVS Student Volunteer Program. I also grant permission for my child to receive emergency medical treatment if injured while volunteering.

Signature\_\_\_\_\_

Date \_\_\_\_\_

NOTE: Completion of this application does not guarantee acceptance into this program.

**VA BUTLER HEALTHCARE #529, BUTLER, PENNSYLVANIA, VOLUNTARY SERVICES**  
**Volunteer Application – Attachment A**

Name: \_\_\_\_\_

It is the policy at this facility that all (adult and youth) prospective volunteers have their fingerprints taken (for a background investigation) and a PPD Tuberculin skin test conducted (or proper verification of test) prior to beginning any volunteer services. For those unable to have a PPD Tuberculin skin test, alternatives will be reviewed.

Potential volunteers may not volunteer until verification of suitability and a PPD Tuberculin skin test reading has been obtained:

1. Verification of suitability (i.e. fingerprinting/background investigation) usually takes 7 to 10 business days. Upon receiving the suitability, the potential volunteer will be notified of their status and restrictions if noted. A mutually arranged date will be established for the volunteer to obtain their identification badge. Exception: youth volunteers (17 years of age and below) will receive their identification badge during their initial orientation.
2. After the PPD Tuberculin Skin Test has been administered, the potential volunteer must have the skin test read in 48 hours by a certified nursing or medical professional for verification. The person is to report back to the facility for this reading, or if it is more convenient, to another certified medical professional (i.e. nurse, physician, etc.). This verification should be submitted back to voluntary services on the facility's letterhead and the name/title of the person reading the skin test must be clearly noted and legible along with the reading.

\_\_\_\_ (initial) I understand that as a volunteer at the VA Butler Medical Center, I will be fingerprinted in accordance with the VA Handbook 0710 "Personnel Suitability and Security Program", dated August 2005, and that once reviewed and adjudicated, the findings may result in my termination as a volunteer or that I may not be permitted to volunteer in certain areas at the facility, and that I will receive written confirmation of such termination or restrictions.

\_\_\_\_ (initial) I understand that a PPD Tuberculin Skin Test is a requirement for anyone wishing to volunteer at the VA Butler Healthcare facility and agree to have a PPD Tuberculin skin test administered. **Or,**

\_\_\_\_ (initial) I understand that a PPD Tuberculin Skin Test is a requirement for anyone wishing to volunteer at the VA Butler Healthcare facility and that I have had a PPD Tuberculin skin test recently administered within the year with a negative reading and have provided appropriate documentation for verification. However, a PPD Tuberculin skin test may be administered if the test was completed outside an established or recommended timeframe.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

**For youth volunteers: By my signature below you I give permission for fingerprinting and a PPD Tuberculin skin test for \_\_\_\_\_.**

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Registration Supplemental Form

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

POB: (place of birth) \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Transferring From: \_\_\_\_\_ n/a

Present Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date and time received

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